

Docket No. 0857/70669/JPW/LAD

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Anne-Marie Rodriguez et al.
Serial No. : 10/632,581 Examiner: J. Hama, Ph.D.
Filed : July 31, 2003 Group Art Unit: 1632
For : STEM CELLS ORIGINATING FROM ADIPOSE TISSUE, AND
DIFFERENTIATED CELLS DERIVED FROM THESE STEM CELLS

Mail Stop RCE
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Date: March 31, 2008

Siri:

Transmitted herewith is an amendment to the above-identified application.

Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.

A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

No additional fee is required.

The filing fee is calculated as follows:

	Number after Amend- ment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE		FEE		
				Small Entity	Other Entity	Small Entity	Other Entity	
Total Claims	27	-	* 59 =	*** 0 X	\$25	\$50	=	0
Independent Claims	4	-	** 4 =	*** 0 X	\$105	\$210	=	0
Multiple Dependent Claim(s) Presented For First Time	Yes	<input checked="" type="checkbox"/>	No		\$185	\$370	=	0
					TOTAL ADDITIONAL FEE	\$	0	

¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.
* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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Amendment Transmittal Letter
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The following are also enclosed:

One additional copy of this Amendment Transmittal Letter

Return Receipt Postcard

An Information Disclosure Statement, including Form PTO-1449
(Copies of citations included: Yes No _____
and a fee of \$ 0 included)

A Petition for an Extension of Time, including a fee of
\$ 2,230.00 for a Petition for 5 Month(s) Extension of Time

Other (identify): Request For Continued Examination (RCE) including
a fee of \$810.00; Exhibits A-F

THE TOTAL FEE DUE IS \$ 3,040.00.

A check in the amount of \$ 3,040.00 is enclosed.

Please charge Deposit Account No. _____ in the amount of
\$ _____.

The Commissioner is hereby authorized to charge any additional fees
required or credit any overpayment to Deposit Account No. 03-3125
as follows:

Fees under 37 C.F.R. §1.16 for the presentation of extra claims
 Patent application processing fees under 37 C.F.R. §1.17

Respectfully submitted,



John P. White

Registration No. 28,678

Attorney for Applicant(s)

Cooper & Dunham LLP (Customer #23432)

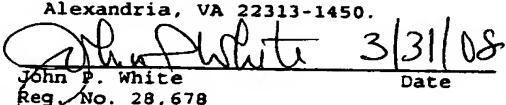
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I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to:

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 3/31/08

John P. White	Date
Reg. No. 28,678	